

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 10, 2019 Case Number: 19-69

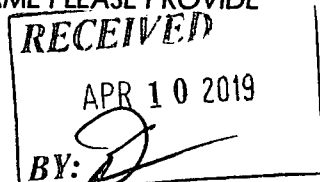
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Casandra Dobbin
Premise Name: Continental Animal Wellness Center
Premise Address: 4405 E. Huntington Dr.
City: Flagstaff State: AZ Zip Code: 86004
Telephone: (928) 522-6008

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Nancy Nelson
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Harper
Breed/Species: Collie/Shepherd X Canine
Age: 15 Sex: F Color: Brosn (Brown)

PATIENT INFORMATION (2):

Name: N/A
Breed/Species: N/A
Age: N/A Sex: N/A Color: N/A

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Vet who provided care BEFORE Dr. Dobbin was Nicholas Kiefer at PAZ East,
2400 E Caesar Chavez, Austin, TX, 78702, 512-236-8000

Vet who provided care AFTER Dr. Dobbin (requested consultation, examination,
and second opinion) was Dr. Ale Aguirre at Salt River Veterinary Specialists,
9953 N 95th St, Suite 105, Scottsdale, AZ 85258, 480-819-8630

E. WITNESS INFORMATION:

*Please provide the name, address and phone number of each witness that has
direct knowledge regarding this case.*

Myself (Nancy Nelson), address and phone above.

Dr. Kiefer (I sent Dr. Kiefer the test results Dr. Dobbin used as the basis for her
advice to take Harper off her medication), address and phone above.

Dr. Dobbin (who had the treatment and testing records from the prior 18 months
from PAZ), address and phone above.

Dr. Aguirre (who received the treatment and testing records from PAZ, the testing
results from Continental Animal Wellness Center, and my emails with Dr. Dobbin
regard those test results and her advice to take Harper off her medication), address *above*

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true
and accurate to the best of my knowledge. Further, I authorize the release of
any and all medical records or information necessary to complete the
investigation of this case.

Signature: 

Date: 3/31/19

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Harper was diagnosed with pituitary Cushings (via testing and an MRI/CT scan/ultrasound in April or May of 2018). Regular follow-up blood work to make sure the dosage of Trilostane was working. She was greatly improved on the Trilostane and no signs of Addisons. I moved from Austin back to Flagstaff on February 10, 2019. On or about February 7, we did one more test at PAZ in Austin to make sure her dose of Trilostane was correct. Her ACTH (?) number was good but her electrolytes were a little off so Dr. Kiefer suggested I take her off the Trilostane for a week, put her back on a 30 mg dose after that week, and then take her to a vet in Flagstaff after three weeks on the 30 mg dose for follow-up bloodwork. I did as Dr. Kiefer suggested. He is awesome. I took Harper to Dr. Dobbin on March 5, 2019. The vet tech did not understand how the test was to be administered (four hours after her Trilostane and then again an hour after that). When I returned to pick-up Harper, the test results were already "in." I was charged in excess of \$300 for the office visit and tests. Dr. Dobbin told me in her opinion Harper did not have Cushings and I needed to take her off the Trilostane immediately and bring her back in in three weeks for all-day testing which would be in excess of \$500. Dr. Dobbin did not exhibit any apparent connection with or care for Harper, she "talked down" to me (I'm actually quite intelligent and well-versed in my dog's condition, Cushings, and Addisons), and was snotty and dismissive of the care Harper had received at PAZ and Dr. Kiefer. I must say, given that Dr. Kiefer was amazing and the care she received at PAZ beyond exceptional, I found this extremely unprofessional and personally very dismaying and off-putting.

But, because I don't want to harm my dog, I took her home and took her off the Trilostane. I emailed Dr. Kiefer and sent him the results of the testing from CAWC. He did not want to be disrespectful of Dr. Dobbin. I asked him for a recommendation to a specialist to review Dr. Dobbin's test results and opinion, and he referred me to Dr. Aguirre. I made an appointment with Dr. Aguirre for March 25. In the meantime, Harper's condition deteriorated considerably off the Trilostane.

I saw Dr. Aguirre on March 25. He disagreed with Dr. Dobbin's opinion and explained the test results, which to me indicated Dr. Dobbins misread/misinterpreted the test results. He advised I put Harper back on the Trilostane and take her to a different vet (here in Flagstaff, rather than driving back and forth to Scottsdale) for regular checking to make sure her dosage of Trilostane was correct. Exactly as Dr. Kiefer had recommended.

Within two days of being back on the Trilostane Harper improved dramatically.

I emailed Dr. Dobbins (I was upset, it was the middle of the night and the trilostane had not yet kicked-in and Harper had spent the prior two nights pacing and panting, which for her was the signal that the Cushings was not being controlled). I let Dr. Dobbins know I was upset because she had been dismissive of me and Dr. Kiefer, had charged me for bad advice and suggested I needed to pay her an additional \$500 for additional and, IMHO, unnecessary tests. I let her know I had seen a specialist who suggested contrary to her opinion based on the same test results and the same clinical history. I asked her to refund at least the office visit portion of what I had paid her.

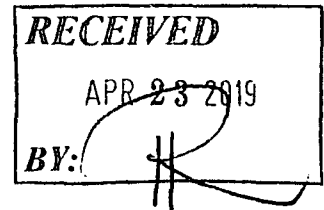
I heard back by phone message from her associate, who did not address my concerns or request for a refund, and told me I could call them back at their convenience during their office hours (I have an 8-5 job and taking/making personal calls is not appropriate).

AZ State Veterinary Medical Examining Board

April 13, 2019

In re: 19-69 (Casandra Dobbin)

To Whom it May Concern,



March 1, 2019 - It was brought to my attention by my receptionist on March 1, 2019 that I had a new client who had just moved to town that would be coming in for an ACTH stim test in a few days per her Texas veterinarian's request. It is our clinic policy that we need to conduct a physical exam on all new patients prior to running labs or dispensing medications. It is my personal preference to review records before hand (if I have time) so catching up runs smoother. Per my notes in the chart on March 1, 2019 I already had quite a few questions that I wanted answered to better assess and move forward with Harper's specific treatment plan.

March 4, 2019 - Harper Nelson presented on March 4, 2019 for her physical exam and blood work as requested by Dr. Kiefer. Patient was excessively panting, seemed stiff-gaited, and had a slight head tilt. Vitals NSF. Patient was currently on CBD oil, Dasuquin, Heartworm Prevention, Carprofen, Denamarin, and Trilostane 30 mg PO SID. Total appointment time in the room with the owner was about 45 minutes, which is often expected with new clients as we try to spend some time to get to know them and their pet as well as conducting a physical exam, making a plan, and adequately answering any questions. Harper had one pre blood draw, was given Cosyntropin via an IVC, and then a 1hr post blood draw – which was sent to Idexx labs at the end of the day. Since Nancy really seemed to like and respect her previous vet, Dr. Kiefer, I told her I would try to get a hold of him to discuss Harper and fill in some of the blanks (like the MRI she kept telling me Harper had done but I could not find it in the records). I emailed Dr. Kiefer that very day.

March 5, 2019 - The next morning I called the owner with all lab results (idexx comes back the following morning) and left a message on her machine. Owner called back while I was with a client and so I returned the call and left another message on machine. I then went ahead and emailed the blood work to her email. Dr. Kiefer also emailed me back and cleared up a few things. Harper did have an abdominal ultrasound performed (not an MRI) where there was a mildly enlarged left adrenal gland found. He decided that with such a finding in conjunction with proteinuria, ALT and

ALP elevations, and the 8hr post dex not suppressed, it seemed “plausible” to treat. He also mentioned that with the electrolytes shifting towards Addison’s and a low cortisol after beginning Trilostane therapy, he also became “unsure about it.” At that time, he discontinued the Trilostane for 1 week and then restarted it at half the original dose. Later that same day, my associate was on the phone with idexx about one of her cases. I had asked her to bring up my case with the internal medicine specialist after she finished discussing hers. She presented a combination of the previous labs, clinical signs, and the most recent labs and asked for advice. The internal medicine specialist agreed that this really didn’t look like “usual” Cushing’s disease and she recommended we discontinue the Trilostane and repeat either an ACTH stim or another LDDST in 2 weeks. Since email seemed to work best for Nancy, I emailed her that recommendation, which was what I was thinking anyway. I felt this was the best course of action with a resting cortisol lower than the desired pre and the history of trending towards Addison’s, I was still not convinced this is truly Cushing’s disease. Medically, pushing a dog towards Addison’s disease seems much riskier than backing off the sub-therapeutic dose of Trilostane and then repeating labs in 2 weeks (and possibly running a thyroid panel +/- more diagnostics if still no obvious answer). Nancy replied to my email the very same day thanking me for my “help, patience, and attention,” and appeared content with our plan.

March 6, 2019 – I received her email from the night before and followed up with the specifics – test detail and an estimate of \$310. I also followed up with Dr. Kiefer letting him know summary of the results and plan.

March 11, 2019 – I received an email from Nancy that Harper had been off the Trilostane for 6 days and did not appear to be doing well. She asked if I would be amenable to trying Harper on a very low dose of Trilostane (like 5 or 10mg) for a month and then repeating some labs. That very same day I emailed her back that I would be very comfortable with that plan (see attached email conversations for details). I went as far as to let Nancy know that I trusted that she knows her own dog best and I do not think this would be harmful so let’s give it a try and encouraged her to keep me posted so we could make necessary adjustments as we go.

March 12, 2019 – I received an email from Nancy full of questions. It seemed she needed some clarity on test details and interpretation. That very same day I replied to her email with lots of detail and attempted to explain

Cushing's, a confusing disease that we as clinicians still disagree on often. Nancy seemed like the type that wants to know the "whys" and I have always felt very strongly that I should have a reason to justify anything I recommend. I did just that (again see email). I then reiterated that my first choice would be to discontinue and repeat tests in 2 weeks after stopping BUT I support the low dose trial of 15mg Trilostane if she feels that is best for Harper clinically. Later that same day I received an email requesting all records so Nancy could double check everything with a specialist. She made it a point to say how much she trusted me and appreciated me but wanted to seek out another opinion. Records were emailed promptly that very same day and I personally felt like that was a GREAT idea – I encourage second opinions. At this point, I assumed Nancy was giving 15mg Trilostane PO SID which I was fully comfortable with.

March 27, 2019 – Over two weeks later we received an email from Nancy in the middle of the night very upset. In this email it was obvious Harper had not been doing well and that Nancy herself was miserable having to watch this. She then attacked me personally, calling me incompetent, snotty and dismissive and blaming me for Harper's pain and suffering as well as her financial burden. I found this very confusing and rather out of the blue. I had to re-read the emails to try to find where this abrupt change in tone had stemmed from. Regarding my bedside manner, I am a veterinary professional and I pride myself on being a good listener who is always open-minded to client concerns and new ideas. Perhaps I went too far trying to explain things and came across as "talking down" when my intention was to translate medical jargon into easily understood statements. I am attaching the emails which I feel evidence this approach with this client.

The very next day after receiving this email, my associate/my boss/the owner of the clinic, Dr. Bruchman, called Nancy in response. Nancy did not answer so Dr. Bruchman left a message asking her to return the call so they could discuss Nancy's frustrations. We have not heard from Nancy since.

Sincerely,

A handwritten signature in black ink, appearing to read 'Casandra Dobbin', with a long horizontal line extending to the right.

Casandra Dobbin, DVM



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM - **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook, Compliance Specialist
Sunita Krishna, Assistant Attorney General

RE: Case: 19-69
Complainant(s): Nancy Nelson
Respondent(s): Casandra Dobbin, D.V.M. (License: 6597)

SUMMARY:

Complaint Received at Board Office: 4/10/19
Committee Discussion: 6/11/19
Board IIR: 8/21/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On March 4, 2019, "Harper," a 15-year-old female Collie mix was presented to Respondent for evaluation of Cushing's disease. After exam, blood was collected for testing. The following day, after consulting with the dog's previous veterinarian and a specialist, Respondent recommended discontinuing the Trilostane and repeating blood work in two weeks.

On March 11, 2019, Complainant reported the dog was not doing well and Respondent approved trying a low dose of Trilostane for a month and repeating lab work.

On March 25, 2019, the dog was presented to Dr. Aguirre for a second opinion. An abdominal ultrasound was performed and revealed hepatomegaly and bilateral adrenomegaly consistent with pituitary dependent Cushing's disease.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically. Attorney David Stoll was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Nancy Nelson
- Respondent(s) narrative/medical record: Casandra Dobbin, DVM
- Consulting Veterinarian(s) narrative/medical record: Alejandro Aguirre, DVM

PROPOSED 'FINDINGS of FACT':

1. On February 10, 2019, Complainant moved to Flagstaff from Texas. Prior to moving, an ACTH test was performed on the dog to ensure the Trilostane dose, 60mg once a day, was appropriate. After reviewing the blood work, the dog's Texas veterinarian, Dr. Keifer, recommended discontinuing the Trilostane for a week then restart at a 30mg dose. He further recommended taking the dog to a local veterinarian after being on the lowered dose of Trilostane for 3 weeks.

2. On March 4, 2019, the dog was presented to Respondent for Cushing's evaluation and blood work as requested by Dr. Keifer. Complainant reported that the dog was diagnosed with Cushing's disease; previous veterinarian decreased Trilostane dose and recommended blood work. The dog was given her medication at 6:30am that morning. Complainant further reported that the dog had been pacing and panting 2 – 3 hours a day, as well as shivering quite a bit since the Trilostane dose was decreased. The dog was currently on CBD oil, Carprofen, Dasuquin, Heartworm prevention and Denamarin along with the Trilostane.

3. Upon exam, the dog had a weight = 47.8 pounds, a temperature = 100 degrees, a heart rate = 110bpm and a respiration rate = panting. Respondent noted the dog was panting, was uncomfortable, had a head tilt – pet owner relayed that dog had history of idiopathic vestibular disease - and was arthritic. She also noted weight loss, however Complainant stated that dog had same appetite as usual.

4. A blood sample was collected (4- 6 hour post pill); the dog was administered Cosyntropin 5mg/mg, 0.44mLs IV, then a 1 hour post blood draw was performed. Blood work was sent to the lab and Respondent advised Complainant that she would contact Dr. Keifer to discuss the dog's care. The dog was discharged.

5. Cortisol and abnormal blood results:

BUN	34	9 – 31
ALT	344	18 – 121
ALP	683	5 – 160
CHOL	442	131 – 345

Cortisol – Pre ACTH	1.2
Cotisol – Post ACTH	2.1

6. On March 5, 2019, after reviewing the blood results, Respondent contacted Complainant and left a message on her voicemail. Complainant and Respondent were playing phone tag, therefore Respondent decided to email the blood work to Complainant. Dr. Keifer had also emailed Respondent and told her that the dog had an abdominal ultrasound where there was a mildly enlarged left adrenal gland found. He felt the ultrasound results, in conjunction with proteinuria, ALT, ALP elevations, and the 8 hour post dex not suppressed, it seemed plausible to treat. Dr. Keifer also commented that with the electrolytes shifting towards Addison's and a low cortisol after beginning Trilostane therapy, he became unsure about it. At that time, he discontinued the Trilostane for a week, then restarted it at half the original dose.

7. Later that day, Respondent's associate was on the phone with IDEXX about a case and Respondent asked her to speak with an internal medicine specialist about Complainant's dog. After giving the dog's history, the internal medicine specialist agreed that it did not appear to look like usual Cushing's disease and recommended discontinuing Trilostane and repeat an ACTH stim or another LDDST in 2 weeks.

8. Respondent emailed this information to Complainant and felt it was the best course of action based on the blood work. Complainant responded to the email expressing gratitude.

9. On March 11, 2019, Complainant emailed Respondent to report that since the dog has been off Trilostane, she appeared worse. The dog was thirsty, had periods of anxiety, her fur was falling out and her swayback seemed worse. Complainant asked if she could start the dog on a low dose of Trilostane and recheck blood work in a month. Respondent was fine with the request and recommended starting the dog on 15mg of Trilostane once a day.

10. Later that day, Complainant requested a copy of the dog's medical records so she could run everything by a specialist. Respondent had the medical record sent over to Complainant that day. Respondent felt it was a good idea and encouraged second opinions.

11. According to Complainant, she was not comfortable with Respondent's recommendations and felt she had talked down to her. Complainant contacted Dr. Keifer and sent him a copy of the lab results. Dr. Keifer referred Complainant to specialist, Dr. Aguirre.

12. On March 25, 2019, the dog was presented to Dr. Aguirre for a second opinion. Dr. Aguirre reviewed the dog's history and examined the animal. An abdominal ultrasound was performed and revealed hepatomegaly and bilateral adrenomegaly consistent with pituitary dependent Cushing's disease. Dr. Aguirre discussed his findings with Complainant and it was decided to restart the Trilostane at 30mg once a day and recheck an ACTH stim in 2 weeks.

COMMITTEE DISCUSSION:

The Committee discussed that they felt Respondent was very thorough in her work up prior to seeing the dog. She looked over the previous medical records, took notes and was good with her communication with the pet owner and the previous veterinarian.

Cushing's disease is complicated to diagnose and treat and can change over time. The dog moved from one location to another – there was some question on how much information was readily available from the previous veterinarian regarding the diagnosis. The dog is now doing well and is being maintained on an appropriate dose of Trilostane.

The Committee discussed that Respondent did what she thought was appropriate at the time and confirmed her plan with the IDEXX consultant. Dr. Aguirre also validated that what was done at that time, made sense and was a reasonable approach. He performed additional diagnostics that confirmed the disease and what the treatment should be.

The emails revealed that Complainant was in agreement with Respondent throughout the process and her explanation of why certain tests are performed was not to talk down to the pet

owner but to clarify the procedures.

It was responsible of the pet owner to see a specialist to continue to pursue her observations and concerns regarding the dog.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

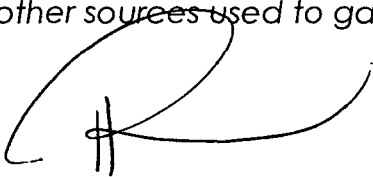
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division